

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

Toxic Chemical, Category or Generic Name

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
			%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
			%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
			%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
			%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
			%	Yes <input type="checkbox"/> No <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

(example: 1,2,3, etc)